	HIM 2 3 2005							
CERTIFICATE OF TRANS Applicant(s): Troy Miller	SMISSION BY FAC	SIMILE (37 CFR 1.8)	Docket No. 62716/4					
Application No. 10/764,903	Filing Date January 26, 2004	Examiner Fredrick C. Conley	Group Art Unit 3673					
Invention: ASSIST DEVICE FO BEDS AND SIMILAR		D OUT OF SITTING OR PRON	E POSITIONS ON					
I hereby certify that this	PCF and AMEND	MENT AND RESPONSE TO OF	PEICE ACTION					
	-	(Identify type of correspondence)						
is being facsimile transmitted to t	the United States Paten	t and Trademark Office (Fax. No	o. <u>(703)</u> 872-9306					
on Jone 23, 25	x=2	• • .						
		Matthew S. Ber	tharde					
	<del></del>	(Typed or Printed Name of Person						
		Matt Bett	int.					
	Note: Each paper must ba	ave its own certificate of mailing.						
Transmitt	Request for Cor Amendment Tra	ansmission by Facsimile (37 ntinued Examination Transmitansmittal Letter (Small Entity) to Office Action (9 pgs.); PTO	ittal (1 pg.); (1 pg.); Amendment					
	Total Pages T	ransmitted: 13						

JUN 2 3 2005

AMENDMENT TRANSMITTAL LETTER (Small Entity) Applicant(s): Troy Miller					Docket No. 62716/4				
Application No. 10/764,903	Filing Date January 26, 2004	Examiner Fredrick C. Conley		Customer N 32642	о.	Group Art Uni 3673	Confirmation No. 2320		
Invention: ASSIST DEVICE FOR GETTING INTO AND OUT OF SITTING OR PRONE POSITIONS ON BEDS AND SIMILAR FURNITURE									
COMMISSIONER FOR PATENTS:  Transmitted herewith is an amendment in the above-identified application.									
Applicant claims small entity status. See 37 CFR 1.27  The fee has been calculated and is transmitted as shown below.									
CLAIMS AS AMENDED									
	CLAIMS REMAINING	HIGHEST#	NUMBE	ER EXTRA		DATE	ADDITIONAL		
	AFTER AMENDMENT	PREV. PAID FOR	CLAIMS	PRESENT		RATE	FEE		
TOTAL CLAIMS	19	20 =		0	x	\$25.00	\$0.00		
INDEP. CLAIMS	5 -	3 =		2	×	\$100.00	\$200.00		
Multiple Dependent Claims (check if applicable)  \$0.00									
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT							\$200.00		
□ No additional fee is required for amendment. □ Please charge Deposit Account No. in the amount of □ A check in the amount of to cover the filing fee is enclosed. ☑ The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 50-2375 ☑ Any additional filing fees required under 37 C.F.R. 1.16. ☑ Any patent application processing fees under 37 CFR 1.17. ☑ Payment by credit card. Form PTO-2038 is attached.  WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.  □ Cath Publication  Signature  Matthew S. Bethards  Registration No. 51,466  Stoel Rives LLP  One Utah Center  201 South Main Street, Suite 1100  Salt Lake City, UT 84111									
Telephone: 801-578-6992 Facsimile: 801-578-6999  Signature of Person Mailing Correspondence  CC:  Typed or Printed Name of Person Mailing Correspondence									